TDAXISMITTALE	OPM	Application No.	09/276,883		
(to be used for all correspondence after initial filing)		Filing Date	March 26, 1999		
		First Named Inventor	Charles Clavadetscher		
		Art Unit	2123		
		Examiner Name	Hugh M. Jones		
Total Number of Pages in This Submis	sion 175	Attorney Docket Number	80398P163		
ENCLO	SURES (chec	ck all that apply)	,		
Fee Transmittal Form	Drawing(s	After Allowance Communicate to Group			
Fee Attached	Licensing-	related Papers	Appeal Communication to Board of Appeals and Interferences		
Amendment / Response	Petition		Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)		
After Final Affidavits/declaration(s)	Petition to Provisiona	Convert a Il Application	Proprietary Information		
Extension of Time Request	Power of A Change of	Attorney, Revocation f Correspondence Address	Status Letter Other Enclosure(s) (please identify below):		
Express Abandonment Request	Terminal [Disclaimer			
Information Disclosure Statement	Request fo	or Refund	Seven (7) citations		
PTO/SB/08 Certified Copy of Priority	CD, Numb	er of CD(s)			
Certified Copy of Priority Document(s)			RECEIVE		
Response to Missing Parts/ Incomplete Application Basic Filing Fee	Remarks		MAR 1 5 2004		
Declaration/POA			Technology Center 2		
Response to Missing Parts under 37 CFR 1.52 or 1.53			volumorogy domen 2		
SIGNATUI	RE OF APPLICA	NT, ATTORNEY, OR AG	SENT		
	Reg. No. 41,06	4			
dividual name BLAKELY,	SOKOLOFF.	TAYLOR & ZAFM.	AN LLP		
gnature					
ate March 8, 200)4				

March 8, 2004

Date

Typed or printed name

Signature

Pat Sullivan

3

RECEIVED

MAR 15 2004

FEE TRANSMITTAL for FY 2004

Effective 10/01/2004. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27.

TOTAL AMOUNT OF PAYMENT (\$) 110.00

Complete if Known
Polication Number

O9/276,883

Illing Date

First Named Inventor

Examiner Name

Art Unit

Attorney Docket No.

Complete if Known

O9/276,883

March 26, 1999

Charles Clavadetscher

Hugh M. Jones

2123

Attorney Docket No.

80398P163

Check Credit card Money Other Nervi Opposed Account	METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)					
Carporniant Control	Money Coher China	3. Al	OITIDO	NAL	FEES			
Deposit	Order	Large	Entity	Sma	II Entity			
	Deposit Account					=	_	
Name Cape Page	Deposit 02 2666	Code	(2)	Code	(2)	Fee Description	Fee Pa	žid
Deposition Place			i			Surcharge - late provisional filling fee or		_
The Commissioner is authorized to: (*check all that apply) Charge fee(s) indicated below Credit any overpayments	Deposit							
The Commissioner is authorized for (*Creek at first apply)	Account Name Blakely, Sokoloff, Taylor & Zafman LLP		130	2053	130	Non-English specification		
Charge fee(s) indicated below Conting fee(s) indicated below	The Commissioner is authorized to: (check all that apply)		2,520	1812		J ,		_[
Charge any additional refets) or undersysyment of fees as required under 37 CFR § 1, 18, 11, 17, 11 and 120. Charge feets) indicated below, except for the filling fee to the above-destinged deposits account 1250 1251 110 2251 55 Extension for reply within second month 110,00	Charge fee(s) indicated below Credit any overpayments	1804	920 *	1804	920 *			
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1251 10 1252 420 2251 210 Extension for reply within first month 110,00	CFR §§ 1.16, 1.17, 1.18 and 1.20.		1,0-0	1803	1,010			
1. BASIC FILING FEE Large Entrey Small Entrey		1251	110	2251	55	Extension for reply within first month	110	.00
1. BASIC FILING FEE	FEE CALCULATION	1252	420	2252	210	Extension for reply within second month		
Proceduce Free Fr	1. BASIC FILING FEE	1253	950	2253	475	Extension for reply within third month		
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1402 330 2401 185 Notice of Appeal 1403 320 2402 185 Filing a brief in support of an appeal 1403 320 2403 145 Request for oral hearing 1403 280 2403 145 Request for oral hearing 1403 2803 2403 145 Request for oral hearing 1403 2403 1403 2403 1405 Request for oral hearing 1403 2403 1403 2403 1405 Request for oral hearing 1403 2403 1405 Request for oral hearing 1403 1403 2403 1405 1403	Large Entity Small Entity	1254	1,480	2254	740	Extension for reply within fourth month		
1001 770 2001 385 Utility filing fee 1002 340 2002 170 Design filing fee 1402 330 2402 165 Filing a brief in support of an appeal 1402 330 2402 165 Filing a brief in support of an appeal 1402 330 2402 165 Filing a brief in support of an appeal 1402 330 2402 165 Filing a brief in support of an appeal 1402 330 2402 165 Filing a brief in support of an appeal 1402 330 2402 165 Filing a brief in support of an appeal 1403 330 2403 145 Request for oral hearing 1404 1405		1255	1,210	2255	605	Extension for repty within fifth month		
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1004 770 2004 385 Reissue filing fee 1451 1,510 24	205 Plant 65-26-2	1403	290	2403	145	Request for oral hearing		
1005 160 2005 80 Provisional filing fee 1452 110 2452 55 Petition to revive - unavoidable 1453 1,330 2453 665 Petition to revive - unintentional	1000	1451	1,510	2451	1,510	Petition to institute a public use proceeding		
SUBTOTAL (1) (5) 1.330 2453 665 Petition to revive - unintentional 1501 1.330 2501 665 Utility issue fee (or reissue) 2. EXTRA CLAIM FEES Extra Claims 96 96 96 0 0 X 18.00 = \$0.001 1502 480 2502 240 Design issue fee		1452	110	2452	55	Petition to revive - unavoidable		
2. EXTRA CLAIM FEES Extra Claims		1453	1,330	2453	665	Petition to revive - unintentional		
Total Claims	SUBIOIAL (1) (5)	1501	1,330	2501	665	Utility issue fee (or reissue)		
Total Claims 96 96 96	2. EXTRA CLAIM FEES Fate Fee from	1502	480	2502	240	Design issue fee		
Independent 18	Claims below Fee Paid	1503	640	2503	320	Plant issue fee		
Claims 18 18 0 X 50.00 S0.00 S0.00	96 96 = 0 10.00	1460	130	2460	130	Petitions to the Commissioner		_
Large Entity Small Entity Fee Fee Fee Fee Discription Code (5) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claims over original patent patent as in excess of 20 and over original patent patent as in excess of 20 and over original patent previously paid, if greater, For Reissues, see below 8021 40 8021 40 Recording each patent assignment per property (times number of properties) 1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a)) 1810 770 2810 385 For each additional invention to be examined (37 CFR § 1.129(b)) 1809 385 Filing a submission after final rejection (37 CFR § 1.129(b)) 1810 770 2810 385 Request for Continued Examination (RCE) 1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(b)) 1810 770 2810 385 Request for Continued Examination (RCE) 1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(b)) 1810 770 2810 385 Request for Continued Examination (RCE) 1800 900 1802 900 Request for expedited examination of a design application Other fee (specify) **Reduced by Basic Filing Fee Paid **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 110.00	Independent 18 18 = 0 X 86.00 = \$0.00	1807	50	1807	50	•	<u> </u>	
Foe Foe Foe Foe Gode (\$) 1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent patent substitute or original patent substitute or original patent substitute or original patent substitute or number previously paid, if greater, For Reissues, see below property (times number of properties) 1809 770 1809 385 Filing a submission after final rejection (37 CFR § 1.129(a)) 1809 385 For each additional invention to be examined (37 CFR § 1.129(b)) 1800 385 For each additional invention to be examined (37 CFR § 1.129(b)) 1800 385 Request for Continued Examination (RCE) 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00	:Multiple Dependent	1806	180	1806	180	Submission of Information Disclosure Stmt	<u></u> .	_
Fee Fee Fee Fee Fee Fee Fee Fee Fee Code (\$)	Large Entity Small Entity	8021	40	8021	40			
1202 18 2202 9 Claims in excess of 20 1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1206 18 2205 9 "Reissue claims in excess of 20 and over original patent 1207 18 2205 9 "Reissue claims in excess of 20 and over original patent 1208 18 2205 9 "Reissue claims in excess of 20 and over original patent 1209 1802 900 1802 900 Request for expedited examination of a design application 1209 18 2205 9 "Reissue claims in excess of 20 and over original patent 1209 1802 900 1802 900 Request for expedited examination of a design application 1209 1802 900		1809	770	1809	385	Filing a submission after final rejection		-
1201 86 2201 43 Independent claims in excess of 3 1203 290 2203 145 Multiple Dependent claim, if not paid 1204 86 2204 43 "Reissue independent claims over original patent 1802 900 1802 900 Request for Continued Examination (RCE) 1205 18 2205 9 "Reissue claims in excess of 20 and over original patent 1802 900 1802 900 Request for expedited examination of a design application Other fee (specify) **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (5) 110.00	1202 18 2202 9 Claims in excess of 20		770	2040	205	•	ļ 	_
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**or number previously paid, if greater, For Reissues, see below **Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$) 110.00	SUBTOTAL (2) (\$) 0.00	1						二
O state ((Constitution)	, , , , , , , , , , , , , , , , , , ,	*Reduced	l by Basic Film	ng Fee Pa	úd	SUBTOTAL (3)	(5) 110	.00
	SUBMITTED BY		Complete	(if applicable)	$\overline{}$			

SUBMITTED BY

Name (Print/Type)

Signature

Complete (if applicable)

Registration No. (Attomey/Agent)

41,064

Telephone

(714) 557-3800

Date

03/08/04

Based on PTO/SB/17 (10-03) as includified by Bakely, Solokoff, Taylor & Zafman (Mr) 02/10/2004. SEND TO: Commissioner for Patents, P.O. Box 1450, Afexandria, VA 22313-1450